

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Septic Tank Abandonment Permit Packet

You must have the following items:

- 1) Complete the attached **Application Page**. All applicable information must be completed. The application will not be processed without a property street address and property ID (parcel number). **NOTE:** Please list the property owner as the applicant on the application and the abandonment contractor as the agent. Only licensed septic tank contractors, state licensed plumbers, or property owners on owner occupied properties may perform septic tank abandonments.
- 2) A **Site Plan** must be provided. The site plan must show the layout of the property including building structures, streets, and the location of the septic tank to be abandoned.
- 3) A fee of **\$50.00**. Please make checks payable to Florida Department of Health in Pinellas or FL DOH-Pinellas

A Department of Health (DOH) inspector must visually inspect that the septic tank has been properly abandoned. It is the responsibility of the agent (septic tank contractor or plumber) or property owner to schedule an inspection appointment, providing a minimum of 24 hours advanced notice. Appointments shall be scheduled during an AM (8am to 12pm) or PM (12pm to 4pm) timeslot. Please call 727-538-7277, ext. 7960 or 7902 to schedule an appointment timeslot. During the inspection, the following abandonment procedures will be verified:

- 4) After receiving the permit:
 - A) The septic tank must be pumped out by a state licensed septage disposal service. A copy of the receipt for the pumpout must be provided to the inspector at the time of inspection.
 - B) The bottom of the tank shall be crushed or caved in, or multiple holes punched in bottom of tank to prevent the tank from holding water. In addition, the ENTIRE lid of the septic tank must be removed and/or crushed PRIOR to inspection.
 - C) **An inspector from DOH will conduct an inspection during the pre-scheduled time slot to verify the septic tank abandonment. Please do not cover the abandoned septic tank prior to inspection.**
 - D) After the inspection, the septic tank shall be filled with clean sand or other clean fill material.

NOTE: Failure to call for the required inspection may result in a citation and/or fine.

Please note: If the septic tank will not be ready for inspection at the pre-scheduled appointment time, it is the responsibility of the agent or property owner to call and cancel the appointment. Cancellations must be made a minimum of one hour prior to the appointment time slot. A re-inspection fee of \$50 will be charged for failing to cancel the appointment or to provide the one hour notice. To schedule, re-schedule, or cancel an inspection, please call (727) 538-7277, ext. 7960 or 7902.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION NO. _____
DATE PAID: _____
FEE PAID: 50.00
RECEIPT #: _____

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [X] Abandonment [] Temporary [] _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] NEW WELL [] EX WELL [] PUBLIC WATER

IF PUBLIC [] <= 2000GPD [] > 2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL [] COMMERCIAL

Unit No	(b) Type of Establishment	(c) No. of Bedrooms	(d) Building Area Sqft	(e) Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

(f) [] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: _____

Permit Application Number_____

Scale: Each block represents 10 feet and 1 inch = 40 feet.

A full-page sheet of white graph paper featuring a uniform grid of thin black lines. The grid consists of small squares covering the entire area of the page.

Notes: _____

Site Plan submitted by: _____

Plan Approved_____

Not Approved_____

Date_____

By _____ Pinellas County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used) (Stock Number: 5744-002-4015-6)